

06-12-06

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/612,713		
Filing Date	July 1, 2003		
First Named Inventor	David A. Tirrell		
Art Unit	1636		
Examiner Name	David Guzo		
Attorney Docket No.	110197.402C1		

ENCLOSURES (check all that apply)						
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application	Drawing(s) Request for Corrected Filing Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below):				
Remarks						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name Seed Intelled	ctual Property Law Group PLLC	Customer Number 00500				
Signature ///	e Lo Lityon Honorfield					
Printed Name Melanie K. K	Citzan Haindfield, Ph.D.					
Date June 8, 2006	Reg. N	o. 57,397				
OF DISCOUTE OF TRANSMISSION (SAAIL INC.						
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
addressed to: Commissioner fo	r Patents, P.O. Box 1450, Alexandri	ia, VA 22313-1450 on the date				
addressed to: Commissioner fo	r Patents, P.O. Box 1450, Alexandri	ia, VA 223 13-1450 on the date				

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TPE	Francisco de la composição de la Composi	annelidated Anne	ristians Ast 200	E /U D 4919)	Complete if Known				
1 5			Application Number		10/612,713				
	FEE	TRANS	MIIIA	\L	Filing Date		July 1, 2003		
801	(بر 2006	For FY 2	006		First Named Inventor		David A. Tirrell		
	<u> </u>				Examiner N	ame	David Guzo		
	X Applicant claims			CFR 1.27	Art Unit		1636		
TRAD	MOTAL AMOUNT O		(\$)60		Attorney Do	cket No.	110197.402	<u>C1</u>	
	METHOD OF PAYMENT (check all that apply)								
			Money Orde		please identif				
-	Deposit Account	•	count Numb		•		Seed IP Law		<u>.LC</u>
-	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								filing for
	= -	(s) indicated b		=			i below, exce nents or credi		
		y additional fee nder 37 CFR 1.		ayments 🔀	Gnarge any	underpayn	ients or creat	t any over	payments
	Warning: Information on t authorization on PTO-2038	his form may beco		t card information s	hould not be inclu	uded on this fo	rm. Provide cred	it card inform	nation and
	FEE CALCULATION	(All the fees	below are di	ue upon filing	or may be su	ubject to a	surcharge.)		
-	1. BASIC FILING, S	EARCH, AND	EXAMINATI	ON FEES					
		FILING FEES SEARCH FEES		EXAMINATION FEES					
			Small Entit	¥	Small Entity	Ĺ	Small Entity		
	Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee	s Paid (\$)
	Utility	300	150	500	250	200	100		<u></u>
	Design	200	100	100	50	130	65		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM	FEES							Small Entity
	Fee Description						į	Fee (\$)	Fee (\$)
	Each claim over 20 (ir	ncluding Reissu	es)					50	25
	Each independent cla	im over 3 (inclu	ding Reissues	·)				200	100
	Multiple dependent cla	aims						360	180
	Total Claims	Extra Cla	<u>ims</u> <u>F</u>	ee (\$)	Fee Paid	<u>(\$)</u>	Multiple	Depend	ent Claims
	<u>19</u> -20 or HP	= <u>0</u>	Χ	=			Fee (\$)	<u>Fe</u>	ee Paid (\$)
	HP = highest numbe	r of total claims	s paid for, if g	reater than 20.					
	Indep. Claims	Extra Cla	<u>ims</u> <u>F</u>	ee (\$)	Fee Paid	<u>(\$)</u>			
	2 -3 or HP	= <u>0</u>	X	=					
	HP = highest numbe	r of independe	nt claims paid	for, if greater	than 3.				
	3. APPLICATION S	IZE FEE							
	If the specification ar under 37 CFR 1.52(e thereof. See 35 U.S	e)) the applicat	ion size fee d	ue is \$250 (\$12	xcluding elec 25 for small er	tronically filentity) for each	ed sequence ch additional (or compu 50 sheets	ter listings or fraction
	Total Sheets	Extra Shee	ts Num	ber of each ac	dditional 50 c	or fraction	thereof Fe	e (\$) <u>F</u>	Fee Paid (\$)
	-100 =		/50 =	(round up	to a whole nu	ımber)	x _		
	4. OTHER FEE(S)							F	ees Paid (\$)
	Non-English Specific	ation, \$130 fee	e (no small en	tity discount)					
	Other (e.g., late filing		•	-					60.00
		• • •							
	SUBMITTED BY		. 4.	0 0		• •			
	Signature	Welderick	Ediportou		stration No. ney/Agent)	57,397	Telephone	206-622	2-4900
	Name (Print/Type)	Melanie K. Ki	tzan Haindfi	eľd, Ph.D.		_	Date	June 8,	2006